

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

09/936865

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12							62		
13							63		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		↓			↓			
TOTAL DEP.	10		↔		↔		↓		
TOTAL CLAIMS	11						↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS